



*Enrollment and
Credentialing 101*

**2021 IHCP Works
Annual Seminar**



Agenda

- About CareSource
- Plan Participation
- Change in Ownership Process
- Provider Portal Registration
- Provider Maintenance
- Credentialing
- Re-Credentialing
- Welcome Letters
- Non-Participating Providers
- Delegated Providers
- Find-a-Doc
- Contact Us

About CareSource



About CareSource

Our **MISSION**

To make a lasting difference in our members' lives by improving their health and well-being.

OUR PLEDGE:

- ✓ Make it easier for you to work with us
- ✓ Partner with providers to help members make healthy choices
- ✓ Direct communication
- ✓ Timely and low-hassle medical reviews
- ✓ Accurate and efficient claims payment



Plan Participation



Plan Participation

- Not currently a participating provider?
- Visit **CareSource.com/in/providers/medicaid**
- Scroll down to click on **Become A CareSource Provider.**
- Complete our **New Health Partner Contract Form.**



Education

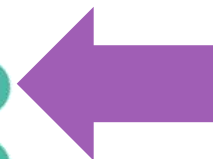
Learn more about our programs and other topics to assist you with caring for your patients.

Most Popular

BECOME A CARESOURCE PROVIDER

PATIENT CARE

FREQUENTLY ASKED QUESTIONS



Additional Links

Frequently Asked Questions

Behavioral Health

Health Care Links

Newsletters & Communications

Pharmacy

Quality Improvement

Reporting Fraud, Waste & Abuse



Plan Participation

Next step:

- Select drop down
- Select Indiana
- Select Medicaid

Show me information for

Medicaid ▼

GO



Choose a plan from the drop-down list above, then click GO!



Plan Participation

Join Our Network

If you offer medical services and want more information about becoming a participating provider, please submit the following information when completing the [New Health Partner Contract Form](#).

- Your W-9 tax form
- Name
- Specialty
- CAQH ID number
- Tax ID number
- NPI number



Need help? Refer to the [New Health Partner Contract Form User Guide](#).



Plan Participation

- Debarment Form
 - Federal Law
 - Failing to accurately disclose request information
 - Complete form in entirety
 - Change in ownership



Plan Participation

New Health Partner Contract Form

- Click on General Information Tab
- Choose an option from “How can we help you today”

New Health Partner Contract Form

If you need more time to fill out this form, please go to the fourth tab and select the "Request Additional Time" box and hit save. In order for the form to save, you will need to complete all required fields prior to saving. You will receive an email with a link back to the form.



1. Instructions

2. General Information

How Can We Help You Today?

Are you a Georgia Medicaid Provider who wishes to initiate a CareSource GA Medicaid contract or change your Tax ID and/or IRS Name?



Plan Participation

Instructions Tab

New Health Partner Contract Form



1. Instructions

2. General Information

3. Provider(s)

4. Submission

New Health Partner Contract Form

Thank you for your interest in joining the CareSource® team. This online application consists of four (4) tabs.

1. Instructions: This is the current tab which you may refer back to as you continue on with the completion of tabs 2 and 3 for General Information and Health Partner Information.

2. General Information: This tab collects general information about your Group and contract information. Much of this information is required and must be completed before any type of submission is possible.

Tip: Once information is entered into the Remit Address fields, that information can be automatically populated into the Mailing Address and Contractual Updates Address sections by simply checking the boxes at the top of each section respectively.

3. Health Partner Information: This tab allows you to enter any number of health partner records that will be associated with this submission. For your final submission, at least one health partner will be required. You may enter as many health partners as are needed. If you need additional time to add more health partners, the form will allow you to submit the form in an incomplete status which you will be able to access and complete at a later date/time. This option is available on tab #4 – Submission.

Tip: The Common address will be used to complete health partner's information as a master address. However, if for any reason the address needs to be changed, the button "Clear Common Address," can delete the address allowing insertion of a different address.

4. Submission: This tab contains the options related to your submission of this form to CareSource. You will be required to attach at least a W-9 Form. Here you will find a checkbox that allows you to submit an incomplete form to be completed at a later date. If you select this option, CareSource will save your work and send you an e-mail notification for you to complete your work at a later date/time. Once a form is submitted for final review, you will not

Plan Participation

General Information Tab



1. Instructions

2. General Information

3. Provider(s)

4. Submission

Group Information

Application Number

197129

Application Date

☐ Enter Tax ID*

☐ Enter SSN*

Please either Tax ID or Social Security Number.

Group NPI Number*

Medicare Number

Medicaid Number

IRS Name*

Doing Business As

WebSite URL Address

Is this a tax ID change to a current contract?

Is this an IRS name change to a current contract?

NOTE: At least one PRODUCT must be ADDED for all Onboarding applications. If you are making changes to your Tax ID or updating your IRS name, this field is NOT required.

0

Please Add Products

Add

Product*

Contract Code



Plan Participation



Provider Tab

Common Address for Re-Use

Street Address

Street Address 2

City

County

State

Zip Code

Phone Number

Fax Number

Clear Common Address

Provider Count

0

Provider Add Instructions

Common Address Instructions

View



Plan Participation



Submission Tab

Submitted By

☐ Submitter Same As Office Contact

Last Name *

First Name *

Phone *

E-mail Address *

Attach Documents (Please do not attach ZIP files) (0)

NOW - W9 *

Attach NOW - W9

NOW - Supporting Documents

Attach NOW - Supporting Documents

(0)

NOW - Debarment Form *

Attach NOW - Debarment Form



Change in Ownership





Change in Ownership

- Need to complete a new Electronic Hierarchy Form
 - Tab 4 can enter notes indicating it is a Change of Ownership
 - Requires new contract
 - Updated Debarment form
 - W-9





TIN Change / IRS Name Change

- Complete a new eHIE
 - Amendment
 - W-9

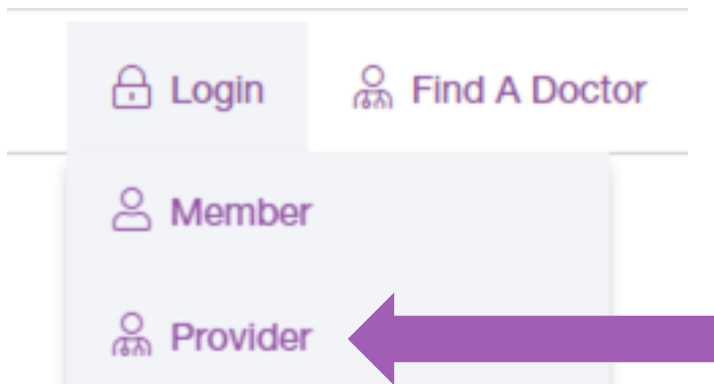


Provider Portal Registration



Provider Portal Registration

1. Go to **CareSource.com**.
2. On the top right corner of the page, hover over Login and select **Provider**.
3. Select Indiana.
4. Click [register here](#) under **Register for the Provider Portal**.
5. Enter your information, including your CareSource Provider Number.
6. Follow remaining steps to register.

A screenshot of the 'Provider Login' form. It includes fields for 'Username:' and 'Password:', each with a red asterisk indicating a required field. Below the password field is a 'Log In' button. At the bottom of the form are links for 'Forgot password?' and 'Register for an account'. To the right of the form, there is a text block stating 'The Provider Portal makes it easier for you to work with us 24/7. It has critical information and tools to save your practice time.' followed by a bulleted list of services: 'Member & Eligibility Search', 'Claims Search, EOP & Submissions', 'Prior Authorization Search & Submissions', and 'PCP Roster & Clinical Practice Registry'. Below this list is a 'Step-by-Step Guidance:' section with links to 'Register for the Provider Portal' and 'Reset Your Password'. A large purple arrow points from the 'Register for an account' link to the 'Register for the Provider Portal' link in the guidance section.

Helpful Hint: The zip code is the practitioner's primary location.

Provider Maintenance



Provider Maintenance

Providers can now submit updates to their provider information online, including address or phone changes, adding a provider, etc. Please select the appropriate tab to submit your updates to CareSource online. Typical requests are processed within 7-10 business days. If your request requires additional information, a CareSource representative will contact you. Questions? Call 1-866-286-9949. For all new providers, the initial onboarding process can take up to 90 business days. If your credentialing request requires clarification or additional information, a Credentialing Coordinator will contact you.

To change your Tax ID number, or update your IRS name, you must make those changes through an amendment to your contract, not through maintenance. You can make those changes using the [New Health Partner Contract Form](#).

If you have a delegated contract for credentialing with CareSource, you will not be able to submit your maintenance request using this site. All new providers (additions); changes (additional address, phone # updates, etc.) and terminations will need to be submitted through a monthly roster. If you have questions, please contact your contracted delegated entity to submit your information.

Provider Maintenance

Demographic Change	Provider Add	Cultural/Linguistic/Accessibility Info	Status
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Providers:

Please Select

Provider Maintenance

Submitting credentialing requests via email:

- Submit a Hierarchy Form (HIE) and W-9 to providermaintenance@caresource.com
- For large group updates providers can fill out page 1 of the HIE form and attach a roster (see below for pertinent information).

Provider		Deg.						
John Doe (SAMPLE)		MD						
Address			City/County		State		Zip	
123 Main St			Anytown		Indiana		99999	
Phone	Fax	NPI #	CAQH#		Medicaid/IHCP #		Medicare #	
317-555-1212	317-555-1213	1234567890	123456		1234567A		1234567	
Specialty		PCP? Y/N	HHW Capacity? (Min. 50)	HIP Capacity? (Min 50)	Cultural Competency (Y/N)		Competency Training Name	
Family Practice		Y	100	100	Yes		Cultural Competency Training Name	
Age Restrictions? (18 yrs & older)		Race/Ethnicity	Gender Restrictions	Office Hours				
				Mon	Tues	Wed	Thur	Fri
								Sat
								Sun
N		See below	N					

Provider Maintenance - Status

PROVIDERS

- Care Management Referral
- Dental Provider Login +
- ER Referral
- File Grievance
- HIP Provider Cost Estimator
- Pharmacy
- Prior Authorization and Notifications
- Provider Documents
- Provider Maintenance ←
- Quality Enhancer
- Radiology Benefits Manager

Provider Maintenance

Demographic Change	Provider Add	Cultural/Linguistic/Accessibility Info	Status
--------------------	--------------	--	--------

Reference ID:

Search



Credentialing



Credentialing Process

- Credentialing Time Frames.
- Preferred method for submission is via the Provider Portal.
- As a reminder, we now load ALL PROVIDER Specialties into our directory.
- For additional information, see:
<https://www.caresource.com/documents/in-med-p-279473-enhanced-credentialing-process-may-2021/>



Credentialing Requirements

- IHCP approved provider.
- Current Council for Affordable Quality Healthcare (CAQH).
- Requires additional organization applications:
 - Hospitals
 - Urgent Clinics
 - Skilled Nursing Facilities
 - Home Health Agencies
 - Ambulatory Surgical Centers
 - CMHCs
 - County Health Departments
- W-9 is required for all new requests and changes.



Credentialing Board Certification

- PMPs may be exempt from board certification
- Specialists must be:
 - Board certified in their primary specialty
 - Or pursuing the pathway to certification



Credentialing PMPs

- PMPs must indicate a panel size of greater than 0.
- PMPs are required to complete an on-site survey during the credentialing process.
- PMPs must adhere to Access & Availability standards.

Primary Care Physicians

Patients With . . .	Should Be Seen . . .
Emergency needs	Immediately upon presentation
Urgent care	No later than the end of the following working day after the patients initial contact with the PMP site
Regular and routine care needs	Not to exceed 6 weeks

Non-PMP Specialists

Patients With . . .	Should Be Seen . . .
Emergency needs	Immediately upon presentation
Urgent care	Not to exceed 48 hours
Regular and routine care needs	Not to exceed 12 weeks



Re-Credentialing

Re-Credentialing

- Providers are recredentialed a minimum of every 3 years.
- As part of the recredentialing process, CareSource considers:
 - Performance to include complaints
 - Safety and quality issues
 - Information regarding sanctions collected from the NPDB
 - Medicare and Medicaid Sanctions and Reinstatement Report, Medicare Opt-Out and the HHS/OIG.
- Providers will be considered recredentialed unless otherwise notified.



Welcome Letters

Welcome Letters



P.O. Box 8738, Dayton, OH 45401-8738 | CareSource.com

7/1/2020

Provider's Name
Group Name
Address
City, State and Zip Code

Dear Health Care Provider:

Welcome to CareSource! We are pleased to partner with you to serve our members, and we are dedicated to providing you with the best service and support possible.

You are now participating in the following CareSource programs, effective: 8/1/2020

Indiana Medicaid HHW
Indian Medicaid HIP

In order to ensure accurate and prompt payment of your claims, please use both your federal tax ID number (TIN) and your National Provider Identifier (NPI) when submitting claims to CareSource. You may also include your CareSource provider ID. Below is the information we currently have in our system:

Federal Tax ID Number: 999999999

NPI Number: 999999999

CareSource Provider Billing Number: **CS0000000000**

Please include these numbers in:

- Box 25 (TIN), Box 33A (NPI) and Box 33 (CareSource Provider ID) on CMS 1500 claim forms.
- Box 5 (TIN), Box 56 (NPI) and Box 51 (CareSource Provider ID) on CMS 1450 (UB-92) claim forms.
- Box 51 (TIN), Box 54 (NPI) and Box 44 (CareSource Provider ID) on ADA dental claim forms.

Failure to include your NPI and tax ID will cause your claims to reject. To avoid delay or disruption of claims payments, it is crucial that you share this information with everyone involved in claims and billing for your organization. This includes any billing vendors or electronic claims clearinghouses you may use.

If you have questions about whether a patient is a CareSource member or what plan they have, you can check the CareSource Provider Portal at: <https://providerportal.CareSource.com/>, on demand through eligible EDI (Electronic Data Interchange) clearinghouses, or by calling CareSource Provider Services at 855-202-1091.





Non-Participating Provider Profile



Non- Participating Provider Profile

Not in network and need to submit claims?

- Non-participating Provider Profile Form
- Electronic claims via the Provider Portal
- Reach out to your Health Partner Engagement Specialist for the form



Delegated Providers





Delegated Providers

- Agreements with delegated providers
- Submitting maintenance requests via a monthly roster to DelegatedRosterSubmissions@caresource.com



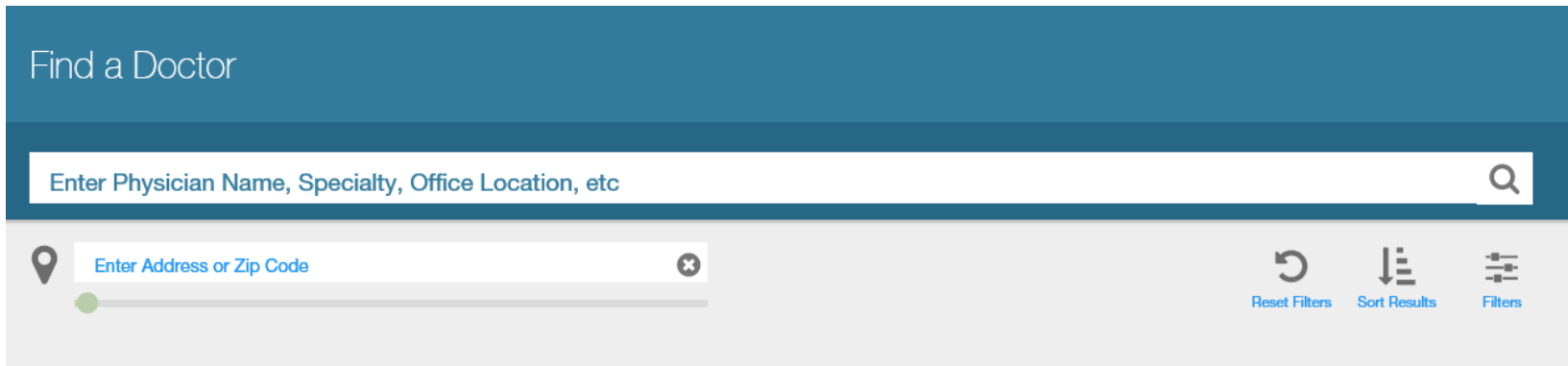


Find-A-Doc


CareSource[™]

Find-A-Doc

- Providers can verify provider participation via Find-A-Doc
<https://findadoctor.caresource.com/>
- Search by physician name to verify enrollment

A screenshot of the 'Find a Doctor' web interface. The top section is a dark blue header with the text 'Find a Doctor' in white. Below this is a white search bar with the placeholder text 'Enter Physician Name, Specialty, Office Location, etc' and a magnifying glass icon on the right. Underneath the search bar is a light gray section containing a location input field with a location pin icon and the placeholder 'Enter Address or Zip Code', followed by a green dot and a small 'x' icon. To the right of the location field are three icons: a circular arrow for 'Reset Filters', a downward arrow for 'Sort Results', and a list icon for 'Filters'. The bottom right corner of the slide features a decorative graphic of overlapping purple and pink hearts on a dark purple background.

Find-A-Doc

Filtering

- Plan name
- Accepting new patients
- Specialty
- Provider Gender
- Languages Spoken

Indiana

State Health Plans

- ☐ Healthy Indiana Plan (HIP)
- ☐ Hoosier Healthwise (HHW)

Specialty ?

- ☐ Dentistry (283)
- ☐ Family Practice (684)
- ☐ Vision - Optometry (298)
- ☐ OB/GYN (402)
- ☐ Pediatrics (438)
- ☐ Internal Medicine (867)
- ☐ Urgent Care / After Hours (27)

Language ?

- ☐ English (16111)
- ☐ Spanish (697)
- ☐ Hindi (383)
- ☐ Chinese (25)
- ☐ Arabic/Jordanian (240)
- ☐ French (133)

[show more](#) 

Telemedicine

- ☐ Presentation Site (4)
- ☐ Telemedicine Provider (49)



Find-A-Doc



Provider Name
Provider Group Name

How far from search location
Address
County
Phone Number

Accepting New Patients

- ✓ Indiana - Marketplace
- ✓ Indiana - Dual Special Needs
- ✓ Indiana - Medicare Advantage
- ✓ Indiana - Healthy Indiana Plan (HIP)
- ✓ Indiana - Hoosier Healthwise (HHW)

Primary Care Provider For

- Indiana - Marketplace
- Indiana - Dual Special Needs
- Indiana - Medicare Advantage
- Indiana - Healthy Indiana Plan (HIP)
- Indiana - Hoosier Healthwise (HHW)

Specialties

Family Practice

Language(s)

English

Copy



Provider Name
Provider Group Name

How far from search location
Address
County
Phone Number



Accepting New Patients

- ✓ Indiana - Healthy Indiana Plan (HIP)
- ✓ Indiana - Hoosier Healthwise (HHW)

Specialties

Vision - Optometry

Language(s)

English

Copy



Contact Us



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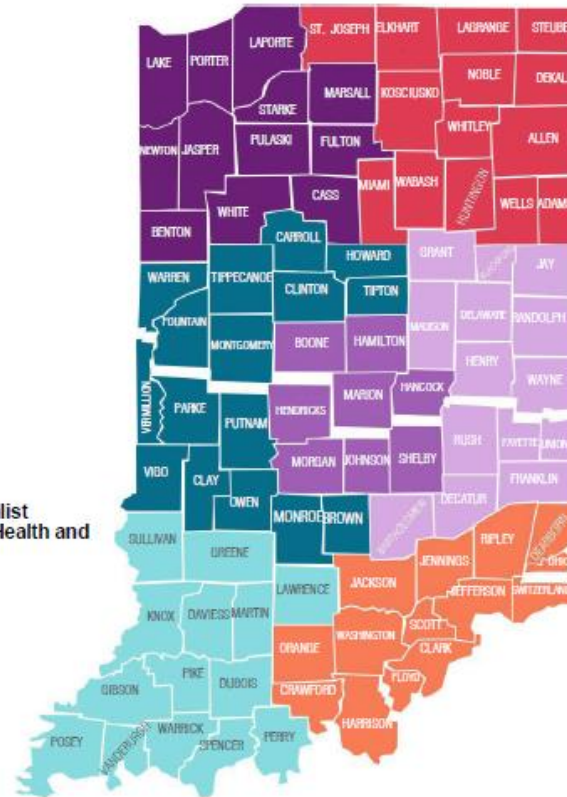
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IN-P-0190j

Date Issued: 08/30/2021

OMPP Approved: 07/30/2020

A photograph of three children of diverse backgrounds playing outdoors. Two girls are in the background, one on the left in a blue polo shirt and one on the right in a purple shirt, both blowing bubbles. A boy in a blue polo shirt is in the foreground, smiling at the camera. The background is filled with green foliage and sunlight filtering through the trees. The text 'Thank you!' is overlaid in a purple script font at the top center.

Thank you!

IN-MED-P-883251 Issued Date: 9/17/21 OMPP Approved: 9/17/21


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